

Special Educational Needs Screening



Target Population 18 to 22 years of age.

Inmate/Student's full name : _____ DOB: _____

Student#: _____ Date of screening: _____ Entry date: _____

Person performing screening: _____

Have you ever received special education services? YES _____ NO _____

If YES, when? _____

Describe the services received. _____

Primary Language Assessment

The language spoken most often in the home is	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
The language spoken most often by the student is	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
The student's first spoken language was	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other
The student reads, writes, and speaks English	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Primary Language: _____

Inmate/Student Signature _____

You have indicated that special education services were received, please respond to the following questions.

What is/was your special education classification? (SLD (Reading, Math), ED, OHI, MIMR, SLI)

Describe any accommodations and/or modifications specified in your IEP. _____

What was the approximate date of your last IEP? _____

Last school that you attended: _____ Last year attended: _____ Grade completed: _____

What vocational/rehabilitation services from local/state agencies or other community based placement programs are you receiving or have received? _____

What specific services would benefit you? _____

FOLLOW-UP

Date records requested: _____ Date records received: _____ Date records reviewed: _____

Evaluation Date: _____ Within 3 years? YES _____ NO _____

IEP developed: _____

Vision/Hearing Screening Date _____ / results _____

Vision Screening Date _____ / results _____

Hearing Screening Date _____ / results _____